



PATIENT

Harley West

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.95 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

16457

DATE

06/09/26

PRESENTING CLINICAL SIGNS

O states that P has not been eating well for about 2 weeks. P wants to but will turn away. P activity level has been normal until tonight when P urinated or vomited on O bed and it was orange in color. P also has a large firm mass on upper L shoulder that showed up tonight. No chronic health issues. Addendum: No known toxins or trauma. She had been tempting him with a variety of new treats and food at home.

Eyes - Clean and clear, no lacrimation or conjunctivitis, may have slight icterus to sclera. Abdomen/Gastrointestinal- Not painful, soft. No organomegaly or obvious masses. Rectal- Dark brown to black firm stool. No masses or swellings noted Integument- Appears to potentially have some discoloration of skin in inguinal region. Left shoulder has small mass that is a previously diagnosed cyst 0.75" and then caudal and dorsally has larger mass that owner had not noticed before around 3" in diameter that is firm to the touch. CBC- hematocrit 36.9% (L), hemoglobin 12.7 g/dL (L), reticulocytosis 197.9 K/uL, thrombocytopenia 102 K/uL, plateletcrit 0.13% (L) Chem 17- BUN 6 mg/dL, ALT 375 U/L (H), ALP 507 U/L (H), cholesterol 97 mg/dL (L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 4.8 cm. The right kidney measures 5.1 cm.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

The liver is diffusely enlarged with rounded margins and has a heterogeneous echotexture. There are multifocal hypoechoic to coalescing lesions present throughout the liver of variable size. Two of these lesions are measured. A larger lesion measures 4.2 mm in width and the smaller lesion measures 1.5 mm in width. There are also multifocal small areas of cavitation throughout the liver. The appearance of the liver is consistent with a neoplastic process, which may be infiltrative neoplasia such as lymphoma, mast cell disease, or possibly histiocytic sarcoma. Also, either primary hepatocellular or hepatobiliary neoplasia may be present, such as nodular hepatocellular carcinoma or cholangiocarcinoma. Metastatic neoplasia should be considered



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The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Moderate age-related renal changes with mineralizations.
- Hepatic enlargement with lesions.
- Benign splenic myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full staging and monitoring, managing per IRIS guidelines is recommended for possible chronic kidney disease. Recommend a fine needle aspirate of the liver to determine if the etiology of the liver changes can be determined. If cytology is inconclusive as to the cause of the liver lesions seen, then recommend liver biopsy at that time.

If three view chest radiographs have not been taken, I recommend taking chest radiographs to screen for possible pulmonary metastatic disease. The lab work abnormalities and patient's clinical signs are most likely attributed to the disease process causing the changes seen within the liver.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com